

Wootten care package order form

Camper's name _____ session 1 2

SHIRTS: YXL AS AM AL AXL

_____ Wootten MVP 30.00

TOTAL DUE _____

Check one:

_____ enclosed is a check for the full amount

Please mail to: Coach Woottens Basketball Camp 330 Ayr Hill Ave NE Vienna, VA 22180

_____ please charge the following credit card

card holder's name _____

card # _____ / _____ / _____ / _____

expiration date _____ / _____

3 digit CVV code from the back of the card _____

You may fax to 1866 524 3059 or email to daycamp@coachwootten.com